| _ | IPAIGN CONTRIBUTIONS AN | | | Γ State | of Nevada |
|-----------|--|--|---|---------------|---|
| | HYMOND D. RAWSON | SENA | TE 6 | | |
| Name (r | 217 SCARLET ROSE D | ice (if applicable) | (702) | 838-4561 | District (if applicable) |
| Mailing . | Address (include city and zip code) COM · COM | | | Telephone No. | |
| E-Mail A | | | | | |
| Select / | Appropriate Box(es) CANDIDATE PAC |]BAG □POLPR | RTY IND EXP | AMENDED A | NNUAL FILING |
| | Annual Filing - Due January 15, Period: January 1, 2003 - December 31, 2003 | , 2004 | | wy F | # |
| | Report #1 — Due August 31, 2004 | | | | 1/4/2005 |
| | | an. 5, 2001 — Aug 26, ec. 20, 1998 — Aug 2 | | CAN | * Diod |
| All other | rs Period: Ja | in. 1, 2004 – Aug. 26, ec. 5, 2002 – Aug 26, | 2004 | DEA | N HELLER ARY OF STATE |
| П | Report #2 Due — October 26, 2004 | _ | | SECREI | ART OF STATE |
| | | ıg. 27, 2004 — Oct. 2 | 1, 2004 | FOR OF | FICE USE ONLY |
| X | Report #3 Due — January 15, 2005 Period: Oc | * ct. 22, 2004 — Dec. 3 | 1 2004 | | |
| BAGs o | | ct. 22, 2004 — Dec. 5, ct. 22, 2004 - Dec. 5, | 2004 | | |
| | Annual Filing – Due January 15, 20 | 05 | | | |
| * Third | Period: January 1, 2004 – December 31 Report suffices for 2005 Annual Filing if | , 2004 candidate also f | iled Report No | s. 1 and 2 | |
| | | | - | | |
| | CONTRIBUTIONS SUMMAR | Y | | This Period | Cumulative From Beginning of Report Perlod #1 through End of This Reporting |
| 1 | Total Monetary Contributions Received in Exc | ess of \$100 | | 500.00 | Period 256, 350 |
| 2 | Total Monetary Contributions Received of \$100 or Less | | | | 2,010 |
| | , , , , , , , , , , , , , , , , , , , | | 10 40 5 | | |
| | | This Period | Cumulative From Beginning of Report Period # Through End of This Reporting Period | 1 | |
| 3 | . Total Amount of Monetary Contributions Received | | reliou | _ | - |
| | (Add Lines 1 and 2) | | | 500,00 | 258,360 |
| 4 | . Total Value of In Kind Contributions Received Excess of \$100 | in / | 976.5 | 8 | - |
| | | | | | |
| | E | XPENSES SU | MMARY | | |
| 5 | i. Total Monetary Expenses Paid in Excess of \$7 | 100 | | 6857.83 | 305,249.12 |
| | Total Monetary Expenses Paid of \$100 or Less | | | 70.00 | 1,030.33 |
| | Total Amount of All Monetary Expenses Pai (Add Lines 5 and 6) | đ | | 6,927.83 | 306,279.45 |
| 8 | Total Value of In Kind Expenses in Excess of \$100 | Ø | ø | • | · |
| | | | | | |
| | | | | | |
| | | AFFIRMAT | ION | | |
| l Declar | re Under Penalty of Perjury That the Foregoi | | | | |
| | and the state of t | g. o mucana ot | | | |
| X | an and tokanian | | | 13 Tax | 4 |
| ignature | mana william | | | Date | |
| EL201.do | c O Revised: | Jan-04 | P | AGEOF | 4 |

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| RAYMOND | D. | RAWSON | , |
|--------------|----|--------|-------------|
| Name (print) | | | applicable) |

SENATE

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

| CONTRIBUTOR'S NAME AND ADDRESS | DATE OF EACH CONTRIBUTION | AMOUNT OF EACH CONTRIBUTION | CHECK HERE IF LOAN |
|---|------------------------------|-----------------------------|-----------------------|
| ELI LILLY AND COMPANY INDIANAPOLIS, IN 46285 | 11/8/04 | Б00.00 | |
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RAYMOND D. RAWSON

SENATE

District (if applicable)

Office (if applicable)

Expense Categories

| CATEGORIES | CODE |
|---|------|
| Office expenses | A |
| Expenses related to volunteers | В |
| Expenses related to travel | С |
| Expenses related to advertising | D |
| Expenses related to paid staff | ε |
| Expenses related to consultants | F |
| Expenses related to polling | G |
| Expenses related to special events | H |
| ** Goods and services provided in kind for which money would otherwise have been paid | 1 |
| Other miscellaneous expenses | J |
| Expenses related to NRS 294A.160 (Disposition of Unspent Contributions) | K |

^{**} NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

RAYMOND D. RAWSON

Office (if applicable)

District (if applicable)

Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

| CATEGORY (See Previous Page) NRS 294A.365 | DATE OF EACH EXPENSE | AMOUNT OF EACH EXPENSE |
|---|---|--|
| T,A | 10/25/04 | 123.60 |
| F | 10/27/04 | 3,000.00 |
| ٦ | 10/27/04 | 2,000.00 |
| E | 11/4/05 | 300.00 |
| <u>ي</u> | 12/1/64 | 500.00 |
| A | 12/1/04 | 296.00 |
| A | 12/1/04 | 168.55 |
| ٥ | 12/10/04 | 150.00 |
| *** | | |
| А | 12/6/04 | 319.68 |
| | | |
| | | |
| | | |
| | (See Previous Page) NRS 294A.365 A, J F J A A A | (See Previous Page) NRS 294A.365 A,J I0/25/04 F I0/27/04 E I1/4/05 J I2/1/04 A I2/1/04 J I2/1/04 J I2/1/04 |

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